CELEBRATING

ALBERTA'S FAMILIES

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Supporting and Strengthening Families

The judgements and opinions reflected in this paper are solely the views of the author and do not necessarily represent the position of the Alberta Government.

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Abstract

Strong and healthy families perform a distinctive task in our society. They carry out essential responsibilities, not readily replaced or duplicated by outside institutions, without onerous social and financial costs. The family is fundamental in the educational success of children, crucial for the planning and delivery of care for the frail elderly, essential as a resource in helping youth, and our primary economic unit.

We need - and we want - strong, healthy families living in our communities. This paper provides a glimpse of some of the issues surrounding the topic of supporting and strengthening families.

INTRODUCTION

This paper provides a glimpse of some of the issues surrounding the topic of supporting and strengthening families. The paper examines the importance of families, the issue of vulnerability of families, emerging societal factors, promoting the well-being of families, challenges for the 1990s, and strategies for meeting the needs of families in the future.

THE IMPORTANCE OF FAMILIES

Before we can begin to look at ways of supporting and strengthening families, we need a better understanding of the primary functions performed by families. The results of a recent survey conducted by Mellman and Lazazrus (1989) in the U.S. indicate that Americans define 'family' in emotional rather than legal or structural terms. That is, in the eyes of the respondents, the family performs two principal functions: (1) family is the base for caring and nurturing; and (2) family is the place where values are taught and learned. Family values are considered to be:

- love and emotional support;
- respect for others; and
- taking responsibility for one's actions.

Although 'family' is considered to be important, Mellman and Lazarus found that many respondents see a dramatic decline in the status of others' families. However, the respondents did not report a decline in their own family. In other words, when it comes to the status of families, Americans are saying, "I'm OK, but you're not."

The Mellman and Lazarus research point out that people believe things are going from bad to worse with the American family, everywhere but in their own home. Thus, the researchers ponder the question: "Is the so-called decline in the American family a fact or a widespread misperception?"

While the answer to the question is not clear, Mellman and Lazarus suggest two possible explanations for this contradiction. Respondents can be correct when they report a decline in many American families and unwilling to answer honestly when it comes to evaluations of their own family. Alternatively, respondents may be telling the truth about their own families, and the decline in the American family is a myth.

Perhaps this contradiction in the Mellman and Lazarus study occurred because the respondents reasoned that since crime and social ills seem to be on the increase, this could only result from a breakdown in family values.

SUPPORTING THE FAMILY: THE ISSUE OF VULNERABILITY

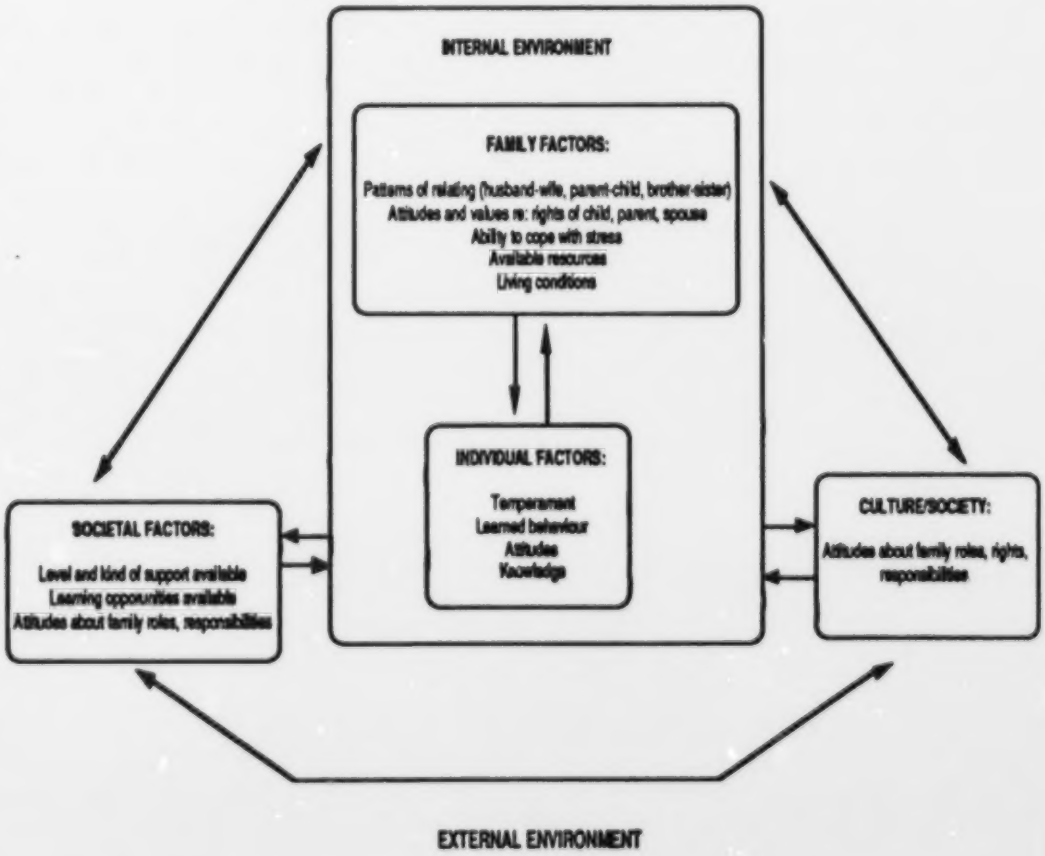
Family is the environment where we learn how to establish connections with the world around us. Accordingly, family members need to develop skills for adjusting to each other and the world with which they interact. Thus, one can consider that there is both an ***internal and external environment*** connected with the family and, these 'environments' interact with each other to cause change with which families have to deal.

Exhibit I illustrates that the 'internal environment' of family is composed of two sets of factors which interact with each other, thereby causing further changes. Individual Factors, are considered to be those which come from inside each person such as temperament, learned behaviour, attitudes, and knowledge. Family Factors include patterns of relating among family members, attitudes and values about the rights of family members, the ability to cope with stress, and living conditions.

It can be seen from Exhibit I that the external environment of family is composed of two sets of interrelated factors. Societal Factors represent the attitudes of 'society at large' with respect to family roles/responsibilities, and the level and kind of support available for families. Cultural Factors represent the 'cultural' norms and values associated with family, such as attitudes about family roles/responsibilities.

EXHIBIT I

INTERNAL AND EXTERNAL ENVIRONMENTAL FACTORS
RESPECTING FAMILIES



There is a dynamic relationship between families and their 'external' environment. For example, changes in certain 'life events' for a family or an individual, set a stage for new adaptations. This should be borne in mind as society searches for ways to support and strengthen families.

Why is it that some families are more adaptable to changing life events? Hans Selye (1956), a Canadian biologist who pioneered the research into stress, developed a concept called the ***stress quotient***. The ***stress quotient*** measures our level of stress. Selye stated that "in analyzing our stress status, we must always think, not only of the total amount of stress in the body, but also of its proportionate distribution between various parts". A similar situation exists with respect to families; that is, do we focus our attention on the individual parent or child, or do we emphasize strengthening the relationship and interaction between them, and, increasingly, do we give adequate attention to reinforcing the relationship between the family and both the formal and informal supports within the community?

The 'stress quotient' concept can be used when considering how well a family is functioning due to changes in specific 'life events'. For example, Elliot and Eisdorfer (1982) note that stressors include specific events and environmental conditions. Moreover, they point out that stress events are not the same but rather differ greatly in quality.

The manner in which an event is appraised and, the coping strategies used in response, are affected by a number of factors, such as:

- the duration of the event;
- the frequency of the event;
- whether the event is anticipated or unexpected;
- whether the event is controllable or uncontrollable;
- whether the event occurs in the customary part of the life course, or if it is 'off time'; and
- whether the expected consequences are either desirable or undesirable.

Although Dohrenwend et al. (1982) note that there is abundant evidence that stressful events are related to adverse changes in health, they also point out that ***not everyone who is exposed to a stressor or series of stressors will have adverse health effects; that is the whole family does not necessarily collapse due to these stressors.*** Moreover, not every family experiences problems when exposed to stressful events. This concept is a useful way to view the changes that take place in families when either the entire family, or one of its members is exposed to a series of stressors.

Clearly there are indicators in the research that children who come from stressed families can do well. Researchers have asked the question: what makes some do well, while others experience difficulty? The idea of protective factors has emerged as an answer.

Rutter (1987) notes that during the last decade the concept of 'protective factors' has become firmly established in the field of psychiatric risk research. It stems from the related notion of 'resilience', the term used to describe the positive pole of individual differences in people's response to stress and adversity.

Resilience is concerned with individual variations in response to risk. Rutter points out that some people succumb to stress and adversity whereas others overcome life hazards. It appears that an important factor in those children who demonstrate this resilience is their ability to make positive connections with a significant adult in their lives.

Rutter also notes, that resilience should be thought of as something which is 'fluid'. That is, those people who cope successfully with difficulties at one point in their life may react adversely to other stressors when their situation is different. Thus, if circumstances change, then resilience may be altered.

The concept of 'resilience' can be related to the work of Dohrenwend et al., who have been investigating the relationship between stressful life events and health consequences. Specific personal and social conditions give rise to life events. When these conditions are favourable they may reduce the impact of the adverse events by creating a certain degree of resilience within the individual or family. Such conditions may include social factors such as strong support systems or individual factors such as the attitude taken toward the event.

Exhibit II relates the concepts of stress at an individual level and at a societal level. ***It can be seen from Exhibit II that individual vulnerability increases as stress increases. However, this process is modified by social conditions***. The literature points out that those who have a supportive social network are protected in crisis from a variety of health problems, both mental and physical (McLean, 1979). Such social supports are thought to buffer individuals from potentially negative effects of crisis and change and assist people to cope and adapt to situations which they are facing.

EXHIBIT II

IMPACT OF SOCIAL SUPPORT SYSTEMS ON MEDIATING INDIVIDUAL VULERNABILITY TO STRESS

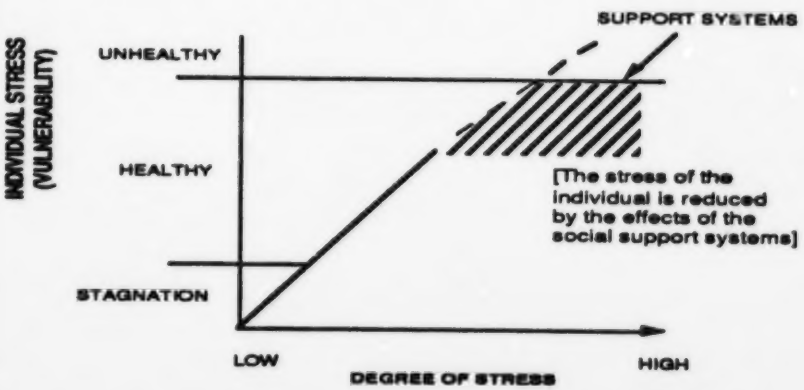


Exhibit II also illustrates how the social supports help to modify potentially negative effects of stress, either by reducing the stress itself or by assisting the individual's efforts to cope. It is important to note from Exhibit II that ***there is a point at which either too little or too much stress results in the individual becoming unhealthy or stagnated.***

However, an individual who has to cope with too many stressful life events at the same time may exhibit anti-social behaviour or develop significant mental and/or physical health problems. This perspective is useful in diagnosing the 'health' of families and, in establishing ways of ensuring that either 'health' is maintained, or that appropriate interventions are developed when families experience problems when coping with too many stressful life events.

Since stress has both a positive and a negative dimension, how can we determine when families are either 'healthy' or 'experiencing problems'. Some authors recently have noted characteristics which can be used to identify 'strong/healthy' families (Stinnett and DeFrain, 1985; Garbarino, 1989; McCubbin, et al. 1989). For example, Stinnett and DeFrain (1985) present the following 'characteristics of strong families':

- Commitment - dedication to promoting each other's welfare and happiness;
- Appreciation - appreciation for each other is shown frequently;
- Time - quality time is spent together in large quantities;
- Spiritual Wellness - a sense of a greater good which provides the family members with strength and purpose; and
- Coping Ability - able to view stress or crises as an opportunity to grow.

It is acknowledged that families are not always 'healthy' environments. However, not everyone who is raised in an 'unhealthy' family environment experiences problems during the course of their lives. That is, some people do emerge from these potentially harmful situations with significant coping mechanisms which assist them in developing healthy familial relationships.

Due to repetition of experience with problem families, caregivers, researchers, and the public often 'stereotype' people (MacKay, 1989). This results in misperceptions of the ability of families in specific types of situations to cope well with adversity. This is effectively illustrated in Nelson's (1985) exhaustive review of the literature concerning 'lone-parent' families. He concludes that we need to avoid the unstated assumption that being from a one-parent family negatively impacts their ability to deal positively with stressful life events.

Clearly, then the dynamic relationship which exists between the 'internal' and 'external' environments of the family must be considered when identifying ways of ensuring that either 'health' is maintained, or that appropriate interventions are developed when families become dysfunctional when coping with too many stressful life events.

EMERGING SOCIETAL FACTORS

There are a number of indicators which can be used to identify when families begin to experience problems. Having identified many of these problems, then families, service providers, and policymakers can determine specific alternative actions which could be used to deal with these adverse life events. The following are examples of some of these indicators and their implications (Community Trends Working Group, 1989):

- as the population ages, more multi-generational family counselling will be needed to support family members of elderly people; and

- societal pressure on families to care for their elderly members may increase the incidence of elder abuse;

- increased reporting of family violence and disclosure of child sexual abuse may result in specialized treatment services;

- limited employment opportunities may result in increasing dependence of older youth on their families for living and financial support;
- weaker family ties and a lessening of commitment to family values may occur;
- there could be difficulty in finding suitable foster care;
- youth nay be looking for both emergency and more permanent alternative accommodation;
- greater understanding of the links between family living situations, teen pregnancy, prostitution, drug abuse, and suicide may be required; and
- there may be a greater need for collaboration and cooperative approaches among community agencies presently providing services.

PROMOTING THE WELL-BEING OF FAMILIES

The work of Mellman and Lazarus (1989) indicates that factors which tend to have the greatest positive impact on satisfaction with family life seem to be support mechanisms. That is, families whose members keep in touch with each other, are tolerant, and can always be counted on to help when needed, are more likely to be satisfied than are families in which these qualities are absent. Thus, strengthening the family begins with the personal responsibility of each family member.

Native people often use the concept of the Medicine Wheel to portray specific dimensions of life. The Medicine Wheel is a powerful symbol in Native culture because it represents the cycle of life and the importance of balance and order so that one's life can remain in harmony. An adaptation of the Medicine Wheel is illustrated in Exhibit III as it applies to families.

It can be seen from Exhibit III that families are environments in which individuals ***Think, Feel, See, and Do***. The first component, ***Think***, consists of planning. The second component, ***Feel***, is the emotional dimension of family. The third component, ***See***, is the creation of a vision for a family and its members. The fourth component, ***Do***, is the action that is required to fulfill the vision which has been planned by a family. Thus, for people dedicated to the task of strengthening families, attention must be given to each of these dimensions in developing programs and services to meet the needs of families.

However, when families experience a 'crisis' due to changing life-events, such as a death in the family or loss of employment among one of its members, the balance among these four components is altered as the family attempts to adjust and adopt specific coping mechanisms. This imbalance can create a lack of harmony within the family, thereby potentially disturbing its ability to perform its principal functions of caring/nurturing and, teaching specific values.

EXHIBIT III

ADAPTATION OF THE INDIAN MEDICINE WHEEL CONCERNING BALANCE IN FAMILIES

When we examine further the concept of ***promoting*** the well-being of families, it may be useful to borrow some concepts from the health care field in the area of ***health promotion***. Bhatti and Howell (1987) note that in a document published by the World Health Organization entitled "A Discussion Document on the Concept and Principles of Health Promotion", health is conceived as the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs; and, on the other hand, to change or cope with the environment.

The Discussion Document defines health promotion as "the process of enabling people to increase control over, and to improve their health". Moreover, it suggests several principles, including the concept that health promotion involves the population as a whole in the context of their everyday life, rather than focusing on people at risk for specific diseases.

In 1987, the then Minister of Health and Welfare Canada, Mr. Jake Epp, delivered a report entitled "The Vision of Health". In this paper, the Minister proposed several goals, including the encouragement of self-help or mutual support practices whereby people come together to deal with life situations such as life crises or the consequences of being old, sick, or disabled.

What do these perspectives have to do with promoting the strengthening of families? First, these perspectives indicate that ***promotion*** can begin with the individual or with the family as a whole. Second, families must arm themselves with the knowledge and skills which will assist them in performing the principal functions of caring, nurturing and teaching specific values.

Third, when families are in 'crisis' due to a change in life-events, it is important that they avail themselves of appropriate support services in order to bring about a sense of balance and harmony and, that those support services are available to them.

Promoting the strengthening of families is a partnership consisting of several parties: families, community-support groups, governments (all levels), and the private sector. This partnership must recognize the changes that have taken place in Canadian society in the last two decades and, the impact of these on families.

CHALLENGES FOR THE 1990s

Many people perceive that there are two major challenges for the 1990s: meeting the needs of families who are experiencing work/family conflict; and assisting families who are having difficulty functioning due to 'learned behaviours' which are being exhibited by one or more family members. However, family structures have altered drastically, resulting in a substantial number of issues which individuals and policymakers alike will have to address.

Certainly one of the key challenges facing families is a recognition that throughout the last two decades there has been increasing participation in the workforce by women, resulting in greater work/family interference.

In a landmark Discussion Paper prepared by the Child, Youth and Family Policy Research Centre in Ontario, Lero and Kyle (1989) discuss the recent research studies concerning work/family linkages. They note that the studies are quite consistent in demonstrating that a significant proportion of employees who are parents, routinely experience work/family conflict, or work/family interference [the degree to which an individual's work life and family life are not coordinated or mutually supportive].

The most direct consequences of work/family conflict on the workplace are absenteeism, worry and reduced concentration while at work, spending time while at work on child care issues, tardiness, and having to leave work suddenly (Lero and Kyle). Moreover, the consequences of work/family conflict for individual workers and their families include a considerable amount of tension, stress, and fatigue, as well as generally lower levels of marital satisfaction and life satisfaction. Furthermore, Lero and Kyle point out that, employed mothers who attempt to maintain a full double work load, inevitably feel overloaded, guilty, and inadequate.

It is important to note that the consequences for children of parents with high levels of work/family interference have not been studied. However, Lero and Kyle do speculate on some of the most plausible consequences based on the research that has been cited, such as:

- children being constantly rushed in order to accommodate rigid time schedules at work or at child care settings;

- children who experience a confusing stream of short-term care arrangements, resulting in withdrawn or aggressive modes of interacting with others;

- children being sent to school or to daycare settings when they are mildly ill because parents cannot afford to take any more time off from work; and

- disturbances in parent-child relationships, fed by ambivalence, tension, and parents' unresolved concerns about their adequacy as parents and as workers.

It has been projected by the Hudson Institute in New York (1988) that two-thirds of the new entrants into the workforce between 1988 and the year 2000 will be women, who will be assuming a greater proportion of higher paying professional and technical jobs. Therefore, meeting the needs of families due to work/family interference will present a significant challenge in the 1990s.

There are other challenges which will face families and policymakers throughout the 1990s. Critical among these, is that families are negatively impacted by poverty. Most likely to be poor are 'lone-parent' families, particularly those headed by women. Finding ways to lessen the effect of poverty on child development are key components to supporting and strengthening families.

Moreover, as the structure of families continues to evolve, with increasing numbers of blended, single parent, teen parent and 'temporary' families, how will people learn to become effective parents - who will become the role models for the next generation of parents?

Families are not always 'healthy', however. For example, the literature concerning Adult Children of Alcoholics (Black, 1986) points out that children from 'alcoholic families' have *learned* specific roles and ways of behaving and, unless altered, these 'abnormal' perspectives will likely govern behaviour in relationships throughout the individual's adult life. Moreover, the literature respecting family violence (Mcleod, 1984), notes that many of the abusers had been abused themselves as children.

Efforts which enable families to solve problems, share responsibility and function effectively as a unit must be addressed. Establishing strategies in order to promote lifestyle choices that will affect a family's stability and endurance, is a critical component in supporting and strengthening families if we are to successfully break the generational cycle of family problems.

STRATEGIES TO ADDRESS THE CHALLENGES

Earlier it was stated that strengthening families requires a partnership consisting of families, community-support groups, governments (all levels), and the private sector. What then are some of the areas to be addressed which have an impact on family functioning.

With respect to meeting the challenges presented by work/family issues, Lero and Kyle note that much of the writing on this subject has been focused on changes that could be made in the workplace by employers (Axel, 1985; Galinsky, 1986). However, they point out that not all workplaces are as capable of creative innovations, and some workplace changes depend upon policies and incentives that require leadership at the provincial and/or federal level.

The major workplace changes that have been suggested to date can be grouped in several ways, such as examining steps that would ease time constraints, provide benefits, and/or offer family-responsive services to employees and to the community at large (Lero and Kyle). 'Leave policies' and 'flexible work scheduling' are examples of policies which could ease the time constraints that parents frequently feel drive or control the quality of their lives.

'Information and referral', 'the provision of on-site or near site child care', and 'seminars and discussion groups related to family life' are examples of family-responsive services to employees and to the community at large Lero and Kyle).

With respect to meeting the needs of 'at risk' groups, hundreds of programs (from income-support programs to the provision of quality child care or intensive family counselling services) can legitimately be placed under the heading of 'family support and education'.

These programs report that they attempt to build on family strengths to empower parents, and that they incorporate a service delivery philosophy whereby providers do things ***with, not to,*** families.

Moreover, contemporary programs for 'at risk' groups reflect a number of recent general trends and changes within the human service delivery system. These include distrust of some professionals; the incorporation of nonprofessional service providers, volunteers, and self-help groups; and an increased emphasis on service access, case coordination, and information and referral services (Weiss and Jacobs, 1988).

Benjamin (1982) discusses the application of 'systems theory' to the field of family therapy. System theory looks at the circular process of interaction between people and their environment. It views the mutual relationships between all the parts of families. This corresponds to the observation of Weiss and Jacobs (1988) who point out that contemporary programs have altered their focus from changing the individual parent or child, to an emphasis on strengthening the relationship and interaction between them, and, increasingly, on reinforcing the relationship between the family and both formal and informal supports within the community.

Often the needs of families are met by community-based programs/organizations which are funded by government. Accordingly, it is important that leaders both in government and within the individual services have a sense of where the various programs and services are going and what will ultimately be achieved. Vision or leadership creates an ideal or a sense of 'shared purpose' to which all participants in the delivery of service strive.

As we ready ourselves to meet the challenges of the 1990s and beyond, we can draw upon the perspective provided in a recent report prepare by The Family Criteria Task Force, in the United States (1988). It specifies the following six key principles which should guide policymaking and program evaluation from a 'family' perspective:

1. Policies and programs should encourage and reinforce family, parental and marital commitment and stability, especially when children are involved.

2. The first presumption of policies and programs should be to support and supplement family functioning, rather than substituting for family functioning.
3. Policies and program must recognize the strength and persistence of family ties, even when they are problematic.

4. Policies and programs must treat families as partners when providing services to individuals if families are to fulfill the various tasks society expects of them.

5. Policies and programs must recognize the diversity of family life.

6. Families in greatest economic and social need, and those determined to be most vulnerable to breakdown, should have first priority in government policies and programs.

CONCLUSION

The family is the base for caring and nurturing and, it is the place where values are taught and learned. Therefore, as we move closer to the 21st century it becomes imperative that we find ways to strengthen and support families so that they may continue to fulfill their primary functions with dignity and respect.

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